

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553932

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				2		
8				2		
9				2		
10			1			
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19			1			
20				1		
21				2		
22			1			
23				1		
24				1		
25			1			
26				1		
27			1			
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48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		↙	25	↙		↙
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						